



AIDS briefing paper:

Preserving the Human Rights of People Affected by HIV/AIDS



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global commitments to HIV/AIDS and human rights

the public-health rationale for prevention of HIV-related discrimination, and the importance of promoting and protecting human rights in the context of HIV/AIDS, were resounding themes emanating from the First International Consultation on AIDS and Human Rights held in 1989. In the following decade, community activism and attention to the rights of people living with and affected by HIV/AIDS increased.

In 1996, the Joint United Nations Program on HIV/AIDS (UNAIDS) and the Office of the High Commissioner for Human Rights convened the Second International Consultation on HIV/AIDS and Human Rights, which produced a set of 12 international guidelines on the promotion and protection of human rights. This movement was infused with greater commitment, passion and energy in June 2001, when United Nations

members unanimously adopted the Declaration of Commitment on HIV/AIDS. Although the guidelines of the Declaration do not have the same force as a treaty or convention ratified by individual member states, they are statements of intent. Combined with international covenants – on Civil and Political Rights; Economic, Social and Cultural Rights; and the Elimination of all Forms of Discrimination against Women -- the guidelines give advocates a way to bring attention to HIV/AIDS and human rights, and give policy-makers and program developers tools to guide planning and service delivery. ■



“A more holistic understanding of the context in which the target groups live and struggle each day, has allowed the project to adapt to innovative interventions which more directly address underlying root causes of poverty and discrimination... a rights-based analysis has enabled staff to see how it can transform our programs”

Dr Smarajit Jana
HIV/AIDS Program Coordinator
CARE Bangladesh

CARE, HIV/AIDS and Human Rights

CARE’s initial response to HIV/AIDS focused on reducing people’s risk of infection. This was achieved through strategies such as prevention and treatment of sexually transmitted infections (STIs), condom promotion, and information and behavioral-change campaigns. CARE also has contributed to care-and-support programs intended to reduce morbidity and mortality by facilitating affordable access to prevention and care services.

However, CARE’s program experience has demonstrated that reliance on risk-reduction strategies alone obscures the societal issues in which the risk of acquiring HIV/AIDS and the probability of receiving care and support is rooted. In Vietnam, experience has shown that the availability of information, education and an ensured condom supply have not been enough to enable Vietnamese women to control the sexual behavior of husbands or refuse unprotected sex. Inequality between men and women and within marriage has barred women from greater control over their own safety from infection.

Thus, in recent years, CARE has

increasingly recognized and understood the influence of societal factors on individual and social vulnerability to HIV/AIDS. Strategies to reduce vulnerability involve multiple interventions addressing societal factors that increase risk of infection and reinforce conditions that help people protect themselves.

CARE works with the world’s poorest communities to create lasting solutions to their most threatening problems -- and realize lasting victories over poverty. To further this mission, CARE strives to adopt and integrate a rights-based approach throughout our activities, working in mutually accountable partnerships that help people achieve the basic conditions required to live with dignity and to develop their full potential as human beings.

This mission and approach is compatible with and strengthens CARE’s global HIV/AIDS program. Neither traditional nor contemporary public health frameworks can fully identify and address the myriad societal conditions influencing vulnerability to HIV/AIDS. Yet a rights framework has proved very useful in identifying and analyzing soci-

etal factors as well as in identifying effective action. A rights-based approach helps us understand the roots of poverty and injustice and encourages recognition of people living with HIV/AIDS as rights holders who have entitlements. This framework affirms that governments have obligations to respect human rights, to prevent others from violating human rights and to ensure conditions that enable people to fulfil their rights. It helps us understand and recognize why issues such as dignity, equality, non-discrimination and participation are important within CARE’s HIV/AIDS projects. It also gives these concerns legitimacy and weight they might otherwise lack in countries or situations where such issues have not been commonly raised and addressed.

From a rights perspective, we as individuals also are obliged to respect others’ rights, and as CARE we are obliged to help governments and other actors construct an enabling environment. An example is highlighted in the summary of CARE’s SHAKTI Project in Bangladesh on the next page. ■

first steps: the shakti project

Stopping AIDS through Knowledge and Training Initiative

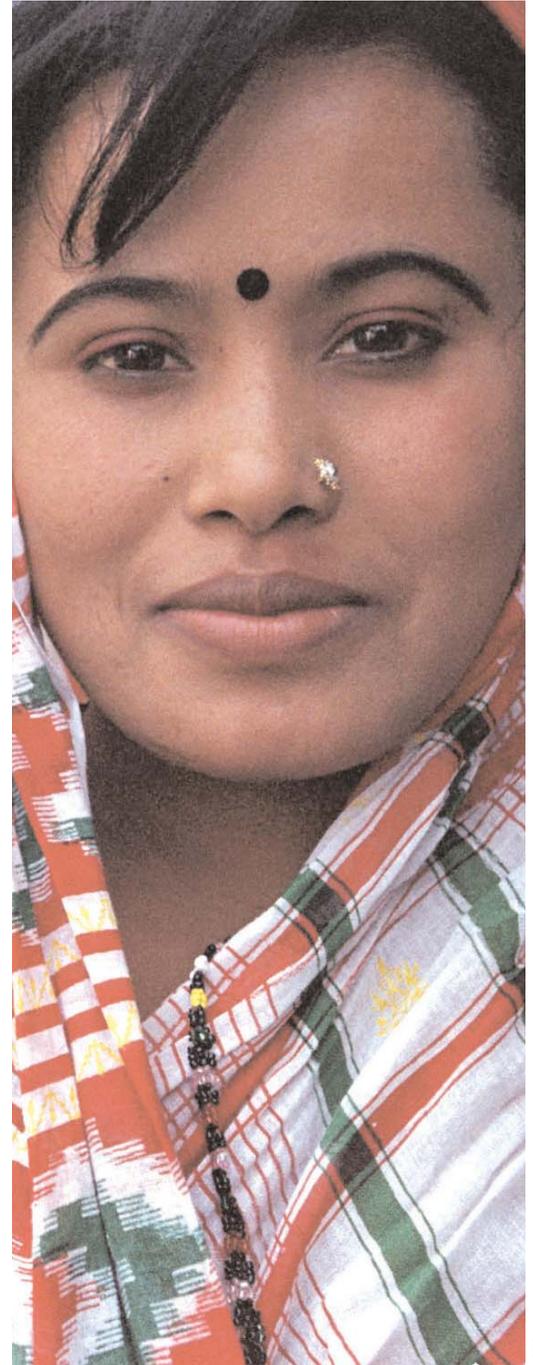
CARE Bangladesh started the SHAKTI project (Stopping HIV/AIDS through Knowledge and Training Initiatives) in 1995, with support from the United Kingdom's Department for International Development (DFID). The first phase of this prevention project revealed that access to information and services alone were not sufficient to ensure safer sex practices among commercial sex workers. Societal factors such as gender inequality and the stigma attached to the profession effectively rendered them powerless in the face of their clients. As a result, SHAKTI embraced a rights-based strategy to restore sex workers' respect and dignity and to help empower them individually and as a community.

Elements of this strategy include:

- A non-formal literacy program;
- Training in human rights, leadership and self-defense;
- Micro-credit;
- Schooling and boarding for sex workers' children;
- Community drop-in centers (including care and counseling);
- Policy dialogue with the Ministry of Health to raise awareness of successes; and
- Policy dialogue with the Ministry of Social Welfare, police and community leaders to sensitize the officials on conditions of sex workers and IV drug users, reduce police raids and harassment and increase community tolerance.

Some achievements to date:

- Increase in condom use by brothel (73 percent) and street-based sex workers (51 percent) in Dhaka from an original 12 percent recorded in the baseline survey;
- Establishment of sex worker, IV drug user and HIV+ support groups leading to improved social capital; and
- Sex workers conducting behavioral research and acting as peer educators.



Integrating a rights-based approach into HIV/AIDS programming requires a greater understanding and application of national and human-rights guidelines to determine the specific rights applicable to a given situation. Consideration then needs to be given to the nature and degree to which morbidity, mortality, risk behaviors and vulnerability to HIV/AIDS are caused or exacerbated by insufficient respect for, protection of, or fulfillment of human rights.



FREDIA GHTTIS

**victories
over
poverty**



PABAT SICHSAWIT

CARE International is one of the world's largest private humanitarian organizations, committed to helping families in poor communities achieve lasting victories over poverty. A confederation of 12 separate member organizations, CARE International reaches tens of millions of people each year in more than 60 countries in Africa, Asia, Europe and Latin America. Together, CARE International members not only collaborate on poverty-fighting projects, they also work together on advocacy, communications, fund-raising and building relationships with governments and other organizations. CARE International is coordinated by a secretariat in Brussels.

CARE's key strengths for responding to the HIV/AIDS crisis are its geographic coverage, multi-sectoral expertise, and experience in strengthening the capacity of community-based organizations. Our experience in HIV/AIDS programming started in 1987 and has shown that effective responses can be mounted at the community, national and international levels. Beginning with one HIV/AIDS project in 1987, CARE's portfolio now includes more than 50 projects with HIV/AIDS components. ■



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